## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000004141

Entity Name: ASB TENTH AVENUE HOLDINGS, LLC

**Current Principal Place of Business:** 

C/O ASB CAPITAL MANAGEMENT LLC 7501 WISCONSIN AVE., SUITE 1300W

BETHESDA, MD 20814

**Current Mailing Address:** 

C/O ASB CAPITAL MANAGEMENT LLC 7501 WISCONSIN AVE., SUITE 1300W BETHESDA, MD 20814 US

FEI Number: 36-4897599

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 26, 2024

Secretary of State

4418075436CC

Certificate of Status Desired: No

Authorized Person(s) Detail:

Title MEMBER, MANAGER Title PRESIDENT

Name ASB ALLEGIANCE INVESTMENTS, Name BELLINGER, ROBERT B.

LLC

Address C/O ASB CAPITAL MANAGEMENT LLC

Address C/O ASB CAPITAL MANAGEMENT LLC

7501 WISCONSIN AVE SUITE 1300W

C/O ASB CAPITAL MANAGEMENT LLC 7501 WISCONSIN AVE., SUITE 1300W 7501 WISCONSIN AVE., SUITE 1300W

City-State-Zip: BETHESDA MD 20814

City-State-Zip: BETHESDA MD 20814

Title TREASURER

Title SENIOR VICE PRESIDENT

Name HIFRONYMUS JOH

Name QUIGLEY, DAVID T.

Address C/O ASB CAPITAL MANAGEMENT LLC C/O ASB CAPITAL MANAGEMENT LLC 7501 WISCONSIN AVE., SUITE 1300W

744 COWPER STREET

City-State-Zip: PALO ALTO CA 94301 City-State-Zip: BETHESDA MD 20814

Title VP Title VP

Name BRAITHWAITE, LAWRENCE Name FRANZETTI, NICOLAS

Address C/O ASB CAPITAL MANAGEMENT LLC Address C/O ASB CAPITAL MANAGEMENT LLC

7501 WISCONSIN AVE., SUITE 1300W 7501 WISCONSIN AVE., SUITE 1300W

City-State-Zip: BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814

Title VP Title SECRETARY

Name RULAND, BRODIE Name REED, BRENDAN J.

Address C/O ASB CAPITAL MANAGEMENT LLC Address C/O ASB CAPITAL MANAGEMENT LLC

7501 WISCONSIN AVE., SUITE 1300W 7501 WISCONSIN AVE., SUITE 1300W

City-State-Zip: BETHESDA MD 20814 City-State-Zip: BETHESDA MD 20814

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRENDAN J. REED SECRETARY 04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date